

State Emergency Coordination Center (SECC)

DEMOBLIZATION CHECKOUT LIST		ICS-221
1. Incident Name / Number	2. Date / Time	3. Demob. No.
4. Unit / Personnel Released		
5. Transportation Type / No.		
6. Actual Release Date / Time	7. Manifest Yes No Number _____	
8. Destination _____	9. Area / Region / Agency Notified Name _____ Date _____	
10. Unit Leader Responsible for Collecting Performance Rating		
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">11. Unit / Personnel</div><div style="width: 70%;"><p>You and your resources have been released from this incident, subject to sign-off from the following [DEMOB Unit Leader ☞ the appropriate box(es)] :</p><div style="margin-top: 10px;"><div style="display: flex; align-items: flex-start;"><div style="width: 25%;"><u>Logistics Section</u> ✍ _____</div><div style="width: 75%;"></div></div><div style="margin-top: 10px;"><div style="display: flex; align-items: flex-start;"><div style="width: 25%;"><u>Planning Section</u> ✍ _____</div><div style="width: 75%;"></div></div><div style="margin-top: 10px;"><div style="display: flex; align-items: flex-start;"><div style="width: 25%;"><u>Finance Section</u> ✍ _____</div><div style="width: 75%;"></div></div><div style="margin-top: 10px;"><div style="display: flex; align-items: flex-start;"><div style="width: 25%;"><u>SECC Manager</u> ✍ _____</div><div style="width: 75%;"></div></div><div style="margin-top: 10px;"><div style="display: flex; align-items: flex-start;"><div style="width: 25%;"><u>Other</u> ✍ _____ ✍ _____</div><div style="width: 75%;"></div></div></div></div></div></div></div></div></div>		
12. Remarks _____ _____		
<div style="display: flex; justify-content: space-between;"><div>ICS Form 221 08/2000</div><div>Instructions on Back</div><div>MT-DES SECC</div></div>		

INSTRUCTIONS FOR COMPLETING THE DEMOBILIZATION CHECKOUT

Prior to actual demobilization, Planning Section (Demobilization Unit) should check with the Command Staff (Liaison Officer) to determine any agency specific needs related to demobilization and release. If any, add to line Number 11.

Item Number	Item Title	Instructions
1.	Incident Name/No.	Print Name and/or Number of incident.
2.	Date/Time	Enter Date and Time prepared.
3.	Demob No.	Enter Agency Request Number, Order Number, or Agency Demobilization Number if applicable.
4.	Unit/Personnel Released	Enter appropriate vehicle or Strike Team/Task Force I.D. Number(s) and Leader's name or individual over-head or staff personnel being released.
5.	Transportation Type/No.	Method and vehicle I.D. Number for transportation back to home unit. Enter N/A if own transportation is provided. *Additional specific details should be included in Remarks, block #12.
6.	Actual Release Date/time	To be completed at conclusion of demobilization at time of actual release from incident. Would normally be last item of form to be completed.
7.	Manifest	Mark appropriate box. If yes, enter manifest number. Some agencies require a manifest for air travel.
8.	Destination	Location to which Unit or personnel have been released, i.e., Area, Region, Home base, Airport, Mobilization Center, etc.
9.	Area/Agency/Region Notified	Identify Area, Agency, or Region notified and enter date & time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. Note, not all agencies require these ratings.
11.	Unit/Personnel	Demobilization Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. Blank boxes are provided for any additional check (unit requirements as needed), i.e., Safety Officer, Agency Representative, etc.
12.	Remarks	Any additional information pertaining to demobilization or release.